

Perth and Smiths Falls District Hospital

Board of Directors Meeting
Tuesday, February 28, 2023
Via Videoconference @ 7:30 a.m.

PRESENT: G. Church, Chair, B. Smith, K. Clupp, M. Cohen, K. Fair, B. Hirst, I. Boyle, R. Schooley
Dr. W. Hollis, C. Maloney, J. Brown, Dr. M. Roberts, K. Weekes, M. Quigg, D. Thomson,
S. Pankow, J. Hewitt, A. Thomlinson and Dr. Morell

REGRETS: Dr. A. Kuchinad

IN ATTENDANCE: D. Hodgins, VP, Finance & Support Services, ~~M. Hallam, Executive Director, PSFDH~~
~~Foundation~~, D. Quinn, President, GWM Auxiliary, G. Laws, ED, Lanark County Mental
Health, H. Bedor, ED, Lanark County Support Services, ~~J. Staples, President, SF~~
~~Auxiliary~~, W. McPhee, OR Manager, C. Rustan, Recording Secretary

1. Call to Order – G. Church

G. Church, Chair, called the meeting to order at 7:30 a.m.

2. Chair's Remarks – G. Church

G. Church welcomed everyone to the meeting.

3. Patient & Family Centred Care – B. Smith

3.1 Patient Story & Program Presentation in the Operating Room

B. Smith shared a patient Story which included a Surgical Services program presentation.
This presentation will be uploaded to the Portal.

Below are some of the key highlights that were presented:

- An outline how PSFDH continues to run the OR efficiently
- Continued OR partnership with KHSC to utilize capacity(QBPs)
- Hospitals approved to over perform elective QBP's on a one-time basis (QBP)
- Hospital approved to retain any unused performance based funding on a one-time basis (QBP)
- 23-24 Quality Improvement Activities:
 - Improve % On Time Start - First Cases (project)
 - Explore feasibility for ROSA hip technology
 - Implement patient reported outcome measures (PROMS)
 - Improve communication – Huddle Boards

****W. McPhee left the meeting at 7:59am****

4. Declaration of Conflict of Interest – G. Church

Members were asked to declare a conflict at any point during the meeting.

5. Approval of Agendas – G. Church

5.1 Regular Meeting Agenda

RESOLUTION No. 16/23

MOVED by Dr. W. Hollis

SECONDED by K. Clupp

THAT the February 28, 2023 regular meeting agenda was approved as presented.
CARRIED.

5.2 Consent Agenda

RESOLUTION No. 17/23

MOVED by Dr. W. Hollis

SECONDED by K. Clupp

THAT the February 28, 2023 consent meeting agenda was approved as presented.
CARRIED.

i) PSFDH Board of Directors Minutes – January 24, 2023

MOVED by Dr. W. Hollis

SECONDED by K. Clupp

THAT the Board of Directors Meetings Minutes from January 24, 2023 were approved as presented.
CARRIED.

6. Foundation & Auxiliaries

6.1 PSFDH Foundation – M. Hallam

Deferred

6.2 GWM Auxiliary – D. Quinn

The GWM Auxiliary will be hosting their first annual meeting with all of the volunteers on May 17th at the Perth Legion. D. Quinn and his team will be reviewing policies, procedures and bylaws over the next several months.

7. Education

7.1 Boards Role in Credentialing

Dr. Morell provided an education session on the Boards Role in Credentialing as it was brought to his attention that there was a lack of understanding on how credentialing works.

Dr. T. Morell explained that a privilege is a relationship between the hospital and the physician, as Physicians are not employees of the hospital. Instead the hospital gives the physician permission to use the facility.

Steps to credentialing:

- The MAC is required to consider an application within 60 days of receiving it
 - MAC will provide the Board with a presentation and the applicant will receive written notice on what MAC has chose (ie approved or denied)
 - The board can edit or amend privileges
 - The board can also revoke or suspend new applicants and they can also appoint or refuse a reappointment
 - Should the application be denied the applicant can request a hearing before the board
- **The Board is briefly informed but will not receive all details in case a hearing is requested they must remain biased.**

There are three steps to granting privileges:

1. Receive the application or request the application in writing. Once the application is received a package will be supplied to the candidate. Should the hospital not supply a package the applicant can take the hospital to the health professional's appeals, review board or even court.
2. The application will be sent to the Medical Staff office and the Medical Staff office will ensure its complete prior to sending it to MAC. Once MAC has reviewed the application, the MAC can either support the applicant or choose not to support it.
3. Should MAC choose to support the applicant the board is made aware. However, if MAC opts not to support that candidate, then the Board will have the final say. The applicant has the right to appeal the decision to a higher authority (ie Board or provincial arbitration)

Should the board wish to go against the advice of the MAC, then the OHA encourages the hospital to talk to its legal team first.

G. Church excuses himself during the credentialing discussion at MAC.

Discussion ensued regarding how applicants are vetted. Dr. Morell shared that there is a checklist that the Medical Staff office goes through. The Medical Staff office also reaches out to the Ontario College to confirm if there have been any disciplinary hearings. Dr. Morell explained that MAC can give the board the information once an applicant is approved.

M. Cohen shared that the hospital is developing a Medical Human Resource Plan to align with the budget. The plan is to have the Medical HR plan completed for the end of the fiscal year.

Dr. Morell added that there is common credentialing for those who are already in the South East LHIN, but it does not apply to those who are applying or those who are not apart of the South East LHIN.

K. Clupp requested that when the Credentialing presentation is done in the future that it include a snapshot of the hospitals needs on what is still required and what is filled in terms of the Medical HR plan.

****A. Thomlinson joined the meeting at 8:09am****

8. Action Items

8.1 Leadership Report – M. Cohen

The Leadership report was uploaded to the portal prior to the meeting.

RESOLUTION No. 18/23

MOVED by K. Fair

SECONDED by B. Hirst

THAT the PSFDH Board of Directors accepts the Leadership Report as presented.

CARRIED.

8.2 Chief of Staff Report – Dr. T. Morell

A Leadership course took place in early February and the topic was Leading Change. In total there were 17 people who attended the education session which also included PSFDH managers.

RESOLUTION No.19/23

MOVED by K. Clupp

SECONDED by I. Boyle

THAT the PSFDH Board of Directors accepts the Chief of Staff Report as presented.

CARRIED.

8.3 Medical Staff Association

Dr. Roberts shared that the following:

- The PLI courses that have been offered over the last few years are very informative and it was very beneficial to have the Managers included this time around
- Staff morale is up at the moment
- Reminder that Staff continue to feel exhausted and the Covid-19 situation is still very undetermined

8.4 Governance Committee Items – J. Hewitt

a. Governance Policy – 4.15 Capital Reserve Investment Fund

Discussion ensued regarding eliminating this policy as the policy is focused on how donations should be invested and at this time the hospital encourages all donations to be made to the Foundation.

Discussion ensued regarding the need for the hospital to have a policy in regards holding funds from the ministry until the funds are spent on the capital project that they are intended for.

D. Hodgins/M. Cohen will take the policy back to Finance for further review.

b. Governance Policy – 2.6.4 Governance Terms of Reference

RESOLUTION No. 20/23

MOVED by J. Hewitt

SECONDED by C. Maloney

THAT the Board of Directors approve the Governance Terms of Reference as presented.

c. Governance Policy – 2.16 Confidentiality Policy

RESOLUTION No. 21/23

MOVED by J. Hewitt

SECONDED by C. Maloney

THAT the Board of Directors approve the Confidentiality policy that was presented.

CARRIED.

9. New Business

Nil.

10. Business Arising from Minutes

10.1 Strategic Plan – Draft Fiscal 2023/2024 Objectives - M. Cohen

M. Cohen shared that the Draft Strategic plan is set and ready to go for September.

M. Cohen discussed the draft fiscal objectives which included the following items:

- Excellent Experience
 - Deploy Best Practices to deliver safest possible care (Falls)
 - Remove barriers to care
 - Improve care transitions
- Meet Changing Needs of our Community
 - Improve physical infrastructure
 - Align Services with Needs of our Community
 - Improve Engagement with our Community and Partners
- Support and empower our people
 - Ensure a supportive & Safe Work Environment
 - Recruit and Retain High Performing People
 - Ensure our People have the Right Skills
- Ensure our Future Sustainability
 - Secure the Capital Funds needed to meet the Community need
 - Secure the operating funding needed to meet the community needed
 - Ensure we are prepared to respond to a change environment

M. Cohen will bring back the scorecard in March for final board approval.

RESOLUTION No.22/23

MOVED by K. Fair

SECONDED by S. Pankow

THAT the board approve the draft fiscal 2023/2024 objectives.

CARRIED.

11. Board Committee Reports

11.1 Finance Committee Report – February 23, 2023 – K. Clupp

11.1.2 Committee Report

The Finance Report was uploaded to the portal prior to the meeting.

K. Clupp shared that the financial issues continue and there is still instability in regards to recruitment and retention. Inflationary pressures, pandemic protocols and stabilization overall continues to be an issue.

HSAA and MSAA negotiations are currently ongoing and will be finalized by the end of the fiscal year. PSFDH continues to work with an operating margin deficit. D. Hodgins discussed the Asset retirement obligations and noted that it's a requirement to have a certain number of contingency funds set aside.

A FAC report was presented to the finance committee.

11.1.3 Financial Statements and Notes

The Financial Statements and Notes were posted to the portal.

D. Hodgins shared that we are working collaboratively with the ministry and the year end forecast is 3.8M.

D. Hodgins noted that the ministry has acknowledge the work that PSFDH is doing and from a benchmarking perspective we have ranked in the top 1-2% of our comparator hospitals. Until the provincial budget is announced and tabled, there are still so many unknowns.

PSFDH is currently on the Ministry budget pressures list which is a list that identifies hospitals that are in need of attention. The next decision point for PSFDH is when the budget is tabled and we know what the allocations are and after that it'll be time to hold discussions with J. Jordan and S. Clark.

J. Brown will be attending a municipal conference in April with S. Pankow and they would be willing to speak to the current situation. G. Church shared that we may have to recruit our community and move past the hospitals act to deal with the political pressures.

11.2 Governance Committee –J. Hewitt

11.2.1 Governance Committee Report – February 21, 2023

The Committee report was uploaded to the Portal prior to the meeting.

The Governance committee will be reviewing committee attendance and committee evaluations will be sent out shortly.

The Governance Committee reviewed and approved the following three policies:

- 4.15 Capital Reserve Investment Fund
- 2.6.4 Governance Terms of Reference
- 2.16 Confidentiality Policy

Closed Session

RESOLUTION No.23/23

MOVED by K. Clupp
SECONDED by Dr. W. Hollis

THAT the PSFDH Board of Directors moved to a closed session at 9:16am.

CARRIED.

RESOLUTION No. 27/23

MOVED by R. Schooley
SECONDED by J. Hewitt

THAT the PSFDH Board of Directors moved out of the closed session at 9:23 a.m.

CARRIED.

Note: Housekeeping Resolutions 25/23 and 26/23 were moved and approved during closed session.

Closed Session Resolutions:

**Chief of Staff Report
Professional Staff Appointments/Reappointments**

RESOLUTION No. 28/23
MOVED by Dr. T. Morell
SECONDED by C. Maloney

THAT the PSFDH Board of Directors adopts the Chief of Staff report from Closed Session.

CARRIED.

12. Standing Items

Nil.

13. Information Items

- The Foundation MRI Campaign Flyer was included in the February package and posted to the Board Portal.
- The Lanark, Leeds & Grenville Ontario Health Team Community Newsletter was included in the package and the link was embedded in the agenda.

14. Next Meeting Date

Tuesday, March 28th, 2023, via videoconference at 7:30 a.m.

15. Closed Session No.2

16. Adjournment

RESOLUTION No. 29/23

MOVED by C. Maloney
SECONDED by J. Hewitt

THAT the February 28, 2023 Perth and Smiths Falls District Hospital Board of Directors' meeting adjourned at 9:25 a.m.

CARRIED.



G. Church, Chair



M. Cohen, Secretary